
Bonding and Attachment*

Children cannot grow up normally unless they have a continuing stable relationship, an attachment to at least one nurturing adult. According to Dr. Vera Fahlberg, in normal development most infants bond with the mother or caretaker through the feeding experience. It is beginning to be recognized that bonding and attachment occur through a stress/stress-reduction type of cycle.

In feeding, the baby gets stressed because he is hungry. After being fed he feels the reduction of that stress, the feeling of relaxation. The feeling of being safe and cared for comes from being with this one particular person who looks, smells and sounds the same every time he is fed. He begins to feel that the world is safe. He feels, *Alf* *Am* in any kind of trouble this particular person will help me out!@We sometimes see babies who become shy of strangers and cling to mothers (or fathers if they are bonded on fathers). If there is a loud noise in a room of toddlers they all end up around their appropriate mother-s knees. This is the attachment cycle that is absolutely necessary for children to learn and to be emotionally and behaviorally intact.

Removing children and putting them in foster care is extremely damaging to children because it disrupts the basic developmental process of attachment to a particular adult. Sometimes removal is necessary. But we have to be very clear about what is being done when children are removed and put somewhere else. One thing that happens is interruption of the basic developmental process, and it-s life threatening at times.

Many children put in institutions in the past and cared for by different people around the clock died by the time they were 1 year old. The foster care movement came out of that experience. If babies were cared for by foster families, they didn-t seem to die as readily. It became obvious that having one consistent person care for an infant was important. Over the past 50 years and particularly within the last 10, we have become aware that this bonding and attachment of a child to a caring adult is an important one. What happens when we break this attachment? What happens when we remove a child either through death or through foster care from the parent or the adult they are bonded to? We tend to get some very specific effects.

The very young child whose parent dies goes into a grief process. People who do bereavement counseling are beginning to recognize children-s grief as lasting from six to eight years. The younger the child, the more intense and long-lasting is the grief.

Adults typically take one to two years to go through the grief cycle, but young children can take half their childhood. Removing a child from a parent or foster parent to whom he is attached has an effect similar to a loss by death; it initiates a grief process.

* From Linda Bayless, et. al. *Model Approach to Partnerships in Parenting: Group Preparation and Selection of Foster and/or Adoptive Families Leaders Guide* (Atlanta, Georgia: Child Welfare Institute, revised 1991). Original material from Ann Coyne. *Bonding and Attachment*,@ *Adoptalk*, July/August 1983. All rights reserved. May not be reproduced or adapted for any use other than the EQUIP foundation training without permission from the Child Welfare Institute.

What happens, then, to children coming into foster care or into adoption? First of all, there are apt to be short-term memory deficits. These children typically are not processing information well. You tell them something; they don't remember a thing. You think, 'Why is he doing this to me?' 'Why is this child seemingly so compliant and yet not doing anything he's asked?' You say to him, 'You told me 15 minutes ago you were going to do this and you haven't done it!' He says, 'You never told me!' He really doesn't remember. He literally forgets, because his short-term memory isn't processing well. When short-term memory isn't processing well, long-term memory is also affected, which means he doesn't learn to read well. Many foster children are learning disabled. It is probably not because they were born learning disabled or that they have received brain damage. It is more likely that the process of grief is disrupting short-term memory. Developmental delay is common in foster children. The grief process has disrupted their ability to develop and learn.

A second issue is children's sense of who they are. We all need to know where we started and how we developed in order to have a story about ourselves. We know we were born in a certain place; we grew up in a certain place; these were our parents; there were our brothers and sisters; that was the school we went to; these were the teams we played on; these were our friends. Foster children tend to not remember clearly. Foster children don't know which of these four or five families they lived with was their birth family. A lot remember the family they were living with at about age 4. That could have been their third foster family, but they sometimes think it is their birth family. Maybe they only stayed there a month, but they suddenly get it into their head, 'That person is my mother.' Yet they have other memories that don't quite fit. They remember three or four different dogs and all those siblings; they're not sure which are theirs and which are someone else's. And the big question: why were they there?

Suddenly, instead of a consistent story about who they are, they have a history with confusion in it. They don't know where they came from. It is not unusual for foster children to think they came full grown, that they did not grow inside a mother, and that they were not born. Some foster children under 8 or 9 will tell you they were never born, that they just came, that they somehow appeared in a foster home at about age 3.

These children have an exceedingly difficult time reattaching to a family when they are adopted, because they cannot attach and go through a process of separation from what has happened to them in the past. They can't do it because they don't understand what's happened. It's very important to reduce the number of different families these children experience. It is also important that we communicate to them very clearly about everything that has happened to them.

Workers are beginning to do this by using Life Books with pictures and drawings. In what order did his families happen? His life should be documented so that the child, even if it's not a story he likes, at least has a story about who he is. He can then begin to detach from all that hurt and all that grief, and begin to make a more positive attachment to his adoptive family. Otherwise he may never be able to reattach.

The third issue I want to look at is behavior. The behavior of foster and adoptive children many times indicates a grief process. Some of the first behaviors you see are denial and bargaining. Often there is a honeymoon period where children coming into care will be very good for a few weeks. That's a combination of denial and bargaining. *Alf I'm really good they will let me go home, Alf I'm really good my mother will love me.* Most times the children feel they did something wrong: *Alf I had not thought those bad things about my parents, then the sheriff wouldn't have picked me up.*

There are a lot of common behaviors in denial. One is very rhythmic behavior. Children may skip rope continuously, or bounce a basketball or kick the wall or sit with toys making noise. This kind of rhythmic behavior is not usually recognized by adults as a grief response. If the child keeps running, if he keeps banging the wall, he won't have to deal with the hurt.

The anger of these children is often very serious and there is a great deal of acting out of their behavior problems. What wouldn't normally bother a child will bother these children. They are angry about disconnections, angry about the detachments. They go through the stages of grief. In the depression stage you have children who are not sad or crying, but with very little energy. These kinds of behaviors, typical of foster and adoptive children, are really indications to us that they are grieving. We need to treat them as people in grief, to do grief work with them.

The whole philosophy of permanency planning is to have a system in which we try to protect children's primary attachments. We need to protect children's attachments to their birth parents. We need to move services into the home to protect children at risk of being abused by those they live with. In those situations where it's not possible, we need to have a system that creates new attachments for children to have adopted parents. Every child must have an attachment to one or several adults that is consistent, that is expected to be permanent, that is to someone he can count on.

Adults don't have to be attached to children. Adults don't have to be attached to one another. We like to be attached to our husbands and wives, but we are not going to die without it. We may go through grief but we aren't going to go through all kinds of developmental problems. Children must be attached. They simply must. They cannot develop normally without being attached to one adult over a period of time because their whole sense of safety, their whole sense of the world, their whole sense of learning, depends on it.

Note: See Foster Care Reviewer's Glossary for definitions of Attachment and Bonding.

Importance of Teamwork With Birth Families*

One of the most difficult decisions that caseworkers in child welfare have to make is the decision to remove children from their own homes. Removal of children from their homes is a drastic response to a dangerous situation. Children who enter foster care are at great risk of losing their families permanently. The decision to reunify does not come easily. Almost half of the children who come to the attention of protective services are identified because of sexual abuse, abandonment or serious physical injury.¹ With the other half, the situation is more ambiguous. These cases involve children who are neglected but not in life-threatening situations. Their parents are often substance abusers, depressed, very young, mentally ill or all of the above.² The decision to return children to families in which these conditions have occurred is difficult.

Yet, our practice has come to rest on the belief that we must preserve children's rights to their parents and parents' rights to their children and that change for people is possible. When children can be safe from harm in their own homes it is time to return them home. If there are not good case plans and an effective structure for decision making, the decisions about reunification are much more difficult and less likely to be made. There are no magic formulas or rules that guide caseworkers' decision making. Developing and maintaining an active partnership with the birth families will be successful assessments, plans and interventions. Active and aggressive case planning, timely decision making, successful interventions and treatment will help to reunify many children in care with their birth families.

Planning for Visits

Numerous studies have shown that the number one predictor of whether a child will return home is contact between the child and parents. Visits are important for meeting the needs of both the child and birth parents. Children who have regular contact with their families make a better adjustment to care.³ It has been documented that children in care who were most likely to be adopted by their foster parents were those children whose birth parents had visited them most regularly.⁴ Whatever we are trying to do for children in temporary foster care is enhanced by encouraging regular visits by birth parents.

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The child, birth family, the staff and care givers all benefit from regularly scheduled visits.

Benefits for the Child

- The opportunity to see and be with family members. Most children miss their parents regardless of circumstances that brought them into care. Parents are children's primary love objects. Most children feel that part of themselves is missing when they do not have contact with their parents. Anxiety and fears that the loss will be permanent are reduced when visits take place.
- Continuing contact with the birth family helps children to understand the reasons for placement. Visits with parents help children understand the parents' needs and strengths realistically and help dispel irrational feelings and beliefs about returning home.
- Visits may help calm irrational separation fears such as, "My parents are dead," or "They are looking for me but can't find me."
- Visits may relieve some of the child's feelings of self-blame.
- Visits can help children see all the adults who are currently significant in their lives (birth parents, foster parents and caseworker) working together.
- Visits provide children with the opportunity to express in words and behaviors what they are feeling about the separation from their parents.

Benefits for the Parents

- The opportunity to be with and maintain a role in parenting their children.
- The opportunity to maintain and promote attachments with their children.
- The opportunity to develop and maintain a partnership with the caseworker and foster parents.
- Visits can be used to help the parents improve their parenting skills and their interactions with their child.
- Visits help maintain and promote shared experiences that will be necessary if the child is to be returned home successfully.
- Visits provide parents the opportunity to demonstrate to the child and the caseworker that they have made the changes necessary to protect their child from harm and meet the child's developmental needs.

Benefits for the Foster Caregivers

- Visits help to bring about a therapeutic alliance among the foster parents, caseworker, birth family and child.
- Visits help the foster parents understand the child's roots and the significance of the child's birth parents to the child.
- Children who are visited may be better able to express feelings about their separation and allow the foster parents to help them work through their grief.
- Foster parents who participate in the visiting process may be viewed by the child as wanting to help meet the child's needs.
- Foster parents will be able to observe the birth parents' efforts and progress toward reunification goals.

Benefits for the Caseworker

- The opportunity to view the children and parents together and assess progress toward reunification.
- Visits are a tangible way of meeting the child's and parents' needs and help form a therapeutic alliance among the parties involved.
- Visits are a way to help the parents and children resolve issues related to grieving.
- Visits provide an opportunity to teach parents ways to better meet their children's needs.
- Visits are an essential way to gather enough information so the decision to reunify or move to another permanent plan can be made.

Making Visits Successful

There are many factors that can be barriers to successful visits. Transportation, schedules, motivation of foster and birth parents and the environment for the visits can all affect the outcomes of visits. Regardless of the barriers, the benefits are tremendous and both the parents and children have rights to visits. The caseworker has the responsibility to see that the first visit is set up and to establish a schedule for visits that becomes part of the case plan.

Parents should have the opportunity in visits to act as parents and not just visitors. Visits should be meaningful for both the child and parents. Depending on the circumstances, the child's age and the parents' ability, visits can encompass activities such as medical

appointments, feeding or bathing the children, shopping activities, school trips, helping to develop a Life Book, playing games or enjoying another recreational activity. The setting used should be one that promotes contact and interaction between parents and children. Limits should be placed on choices for visits if there is a perceived risk to the child=s safety and a need for close supervision.

Things that are planned well are more likely to be successful. Some planning considerations for visits include:

- time schedules of child, birth family, foster family and caseworker
- dates, places, times and locations of visits
- process for canceling a visit: whom to notify and how much advance notification
- contact information for birth parents, child, foster parents and caseworker
- list of participants included in visit
- preparation of the child and the foster family=s own children for the visit and the reactions to visits
- expected duration of visits
- determination of whom will provide transportation
- special request of birth parents, child or foster regarding the visit
- determination of responsibility of birth parents, foster parents and child during the visit

Good planning may reduce but not eliminate problems. Some potential problems that staff and foster parents may have to address around visits include:

- what to do if the parents don=t attend a visit
- what to do if the parents arrive intoxicated or under the influence of drugs
- what to do if parents are accompanied by other people during the visits
- what to do if the parents return the child late from a visit

Clear expectations and written agreements will help caseworkers and the foster care givers handle these situations.

Sometimes, foster parents are reluctant to have the child visit because they see changes in the child's behavior as a result of visits. Foster parents need to be helped to understand that visits may elicit behaviors related to grieving. Preparation and training will prepare foster parents with the visiting process. Staff must reinforce what they have learned and help foster parents use visits as a therapeutic opportunity.

Children who are not placed with their siblings should have a regular opportunity to visit them. Grandparents and other significant members of the child's family should be included in the visits when it is beneficial for the child.

Forging the Foster Parent/Birth Parent Alliance

Foster care can be a program of families helping families. Visits are one of the first opportunities to develop the alliance between birth parents and foster parents. Both sets of parents should have a strong common bond, the best interest of the child they parent. When foster parents support birth parents in their efforts for reunification, the goal is more likely to be achieved. The children are less likely to feel divided loyalties and fearful about their future if they can see the important adults in their lives working together. The staff and foster parent will have an important role in creating the partnership with birth parents. Important characteristics of the partnership will include:

- a common goal
- mutual respect
- the ability to negotiate and adjust roles
- clear expectations
- open communications

The staff will have a significant role in creating the partnership. Staff will be there to introduce birth parents and foster parents. They will help set up mutual expectations for working together and ways to accomplish shared parenting in order to reduce the trauma for the child and accomplish the goals of reunification.

The establishment of common goals around the child's needs is very important. Birth parents may resent the foster parents because they have the opportunity to do what they cannot do for their own child. In addition to feeling replaced by the foster parents, birth parents may feel that the foster parents are better able to provide for the child and be resentful and angry that they do not have the advantages the foster parents have. Establishing common ground and a common goal reduces the feelings of competition and supports the practice of working together toward the same end.

Foster parents have reasons why they find it difficult to commit to the goal of reunification. They understand the risks involved, they have viewed the effects of maltreatment on the child firsthand and they are committed as professional parents to the child's health and safety. It is important to help them look beyond their fears and concerns to children's long-term best interest, the opportunity to grow up in their own family. Commitment to this belief and goals makes the partnership possible.

Both birth and foster parents bring expertise to the team of helping children in care. Birth parents bring a knowledge of the child's past, the child's roots and hopes for the child's future. They bring meaningful connections and continuity. Foster parents bring a knowledge of child development, parenting skills, the ability to help the child attach, skills on building self-esteem, the ability to work on loss issues and skills in helping the child master daily living tasks. When foster parents can share their expertise with birth parents and teach and model good parenting skills, children are bound to benefit. In order to do this, foster parents need to know all relevant background information about the child and what the service plan is for the parents. Staff will need to use their expertise to develop a partnership between birth families and foster families. Negotiating limits and boundaries and keeping open and clear communication will be keys to an effective working relationship. Caseworkers can provide feedback about the ways expectations are being met and how this is benefiting the child and birth parents.

References

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2. Ibid.
3. Victor Pike, et al. *A Handbook for Social Workers: Permanent Planning for Children in Foster Care* (Washington, D.C.: U.S. Department of Health, Education and Welfare, 1977).
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Stories

A Dream Come True*

Hello. I live and was born in Charlotte. I am now eighteen years old. In my life I have suffered a lot of pain. I=ve lived in many different homes S too many to count! I=ve been in the State=s custody since I was 6 years old. I really didn't like the Asystem@ because I felt like just another kid. I really didn't feel important. I guess most of my life I felt very low, like no one even cared about me. The State just made me feel worse S even lower.

At the age of fifteen, I tried to kill myself. I was hospitalized for two months. Then I was placed in *another* foster home. This turned out to be a great place for me. Out of every home I have been to this was the first time I actually felt loved. I learned that when someone loves you, then no matter what you do or what you say, that person will still be there. In my life everyone has left me, abandoned me, or abused me. This home is and was different. I was taught to become Ame@ and not what everyone else wanted me to be. I learned to love myself and others.

I have not tried to kill myself in over three years. This home was a dream come true. If I did not live with this lady I don't think I would be alive today.

I want kids out there to know that if you let yourself love yourself and others, you too can be happy. Having someone to care about you is the best thing you could have. Yeah, you need money, food, and clothes but the thing that I think you need most is love. I also want everyone to know that the lady that helped me is the best thing that could ever happen to me. I dedicate this story to her. Maybe this all sounds stupid to you, but to me this means a whole lot. Why?? Because this lady is the first person to teach me how to love. Just knowing that I can be loved or that someone actually cares about me means the world to me!!

My foster mom has had the biggest impact on my life. I used to want some guy to sweep me off my feet. But through a lot of pain I caused myself and her, I learned that I don't need some dork to hurt me.

I want to thank DSS for one thing S thanks for giving me the best person that I could ever have.

* Originally published in *Fostering Perspectives*, a newsletter of the Jordan Institute for Families, University of North Carolina School of Social Work, Chapel Hill. Reprinted with permission.

The Other Mother*

It was December 7, 1992 when our first foster child passed away and February 7, 1997, when another foster child died, just 4 years and 2 months apart. Both were daughters; the first (whom we nicknamed ANiki@) had turned two just hours before she left us. The next (whom we called APorsche@) was not quite 15 months old. Both were born not just HIV-Positive, but with Afull blown@ AIDS. There were 17 other foster children between the girls, eleven of whom were born HIV-Positive, but none of them taught us more or gave us more than these two.

At the same time, there were none who required more: more physical care, more doctor visits, more hospital stays, more medical equipment, more sleepless nights, more prayers and tears, more physical therapy, more medications, more special formulas and foods, more worry, more over-protectiveness on our part, more of all we had to give.

Just as some questioned when Niki passed away, others asked upon Porsche=s death, AWill you take another child who is HIV-Positive, knowing that they might die?@ And just as emphatically the second time, we answer, AYes!@

For these special children are the reason we are foster parents. And though there is always a chance we may lose another child to this horrible disease, most of the children serorevert (lose the virus) by 18 months of age.

But this isn't a story just about us. It is about working with the biological parents. Though Porsche was Aour@ child, when death was approaching we decided to welcome **without judgment** her biological family into our home because visits outside our home were neither practical nor in Porsche=s best interest.

My heart was asking them, AWhere were you when she ran fevers over 103 degrees? Where were you when she couldn't stop vomiting? Where were you when I sat up with Porsche night after night after night? Where were you when the morphine wore off and she cried for hours unending? Why did you neglect and abuse this beautiful child? And why did you have unprotected sex when you knew that you had AIDS and could pass it on to your unborn child?@

But my voice didn't speak those words. I welcomed them into my home, updated them on Porsche=s medical status, and filled them in on the many months of her life that they had missed. I pulled out Porsche=s ALife Book@ and let them take all the photos they wanted, explaining when and where each had been taken. We shared bits and pieces of one another=s lives and after a while, we formed a kind of bond.

But most importantly, I treated them with respect. Above all else, we had one thing in common: we all loved our daughter.

* By Cheryl Ezell. Originally published in *Fostering Perspectives*, a newsletter of the Jordan Institute for Families, University of North Carolina School of Social Work, Chapel Hill. Reprinted with permission.

I spent my last day with Porsche alone except for those who stopped in for a visit: the hospice nurse and social worker, my pastor, and Porsche's HIV nurse and medical social worker. I put the Kathie Lee Gifford lullaby CD in the stereo and held Porsche continually. I carried her to the refrigerator, the phone, the bathroom, the front door & I couldn't put her down.

I sang to her, I read her, "Just In Case You Ever Wonder," by Max Lucado. It's a wonderful story about how God chose just the right baby to give to me and how I will always love the baby, and about heaven. I told Porsche all about Heaven and that I would see her there some day. I told her she didn't have to fight any longer; I told her she could go and be an angel now. I told her over and over how much I loved her, how much everyone loved her.

I kissed her forehead, her eyelids, her nose, her cheeks, her mouth, her chin, her hands...and I pulled her to my breast and whispered "Listen to Mommy's heart. It says >I love you= with every beat." And then she was gone.

At her funeral three days later, her biological family asked me to sit with them. They introduced me to the extended family as Porsche's "another mother" and we held and comforted one another as we said our final good-bye to our daughter.

I am blessed to have been able to love Porsche and share her life for a short while. And the bond with the biological mother? Two days after the funeral, she prematurely gave birth to a little boy whom she asked me to help name. Though I am not his foster mother (he was placed in another foster home for children with HIV), I am his Godmother.